## BOARD OF BARBERS & COSMETOLOGISTS RENEWAL APPLICATION FOR BARBERS & BARBERSHOPS

www.cosmetology.mt.gov dlibsdcos@state.mt.us PO Box 200513 301 S. Park Ave. Fourth Floor Helena, MT 59620

NAME: LICENSE#						NSE#:	
ADDRESS:							
CITY/STATE/	ZIP						
Please check Fee: \$45.00	the	following license type y		or Barbe	ershop licens \$75.00	se will e	xpire on March 31, 2004.  Barbershop
Fee: \$60.00	<u>'</u>	Instructor					
To renew you 1) 2) 3) 4) 5) 6) 7) 8) 9)	Answer the disciplinary question at the bottom of the form.  Make check payable to the Board of Barbers & Cosmetologists.  Please refer to the table above for the correct amount for your renewal.  Renewals postmarked after March 31, 2004 will be assessed a penalty fee of \$75.00 in addition to your renewal fee.  Indicate any address correction/change at the top of the form.  Sign the renewal application.  Return the renewal application and fee to the Board office postmarked by March 31, 2004.						
Please provide the following information for the Board's records:							
Current work Telephone Number:							
Home Telephone Number: Current Home Address:							
Current r	101116	Address.					
Incomplete or unsigned renewal applications will not be processed and will be returned.							
copies of the	docui		action and final order	s. Mont	. Code Ann.	Sec. 37-	renewal? If so, please attach 1-105 requires that you report on of your license.

Date:

Your Signature: